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**REVOCATION OF POWER OF ATTORNEY and APPOINTMENT OF NEW POWER OF ATTORNEY**

Application Number	09/753,182
Filing Date	1/2/2001
First Named Inventor	CHILLARIGA
Art Unit	UNKNOWN
Examiner Name	UNKNOWN
Attorney Docket Number	NSA-013

I hereby revoke all previous powers of attorney given in the above-identified application:

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners at Customer Number: 38284☒ Please change the correspondence address for the above-identified application to:☒ The address associated with Customer Number:

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☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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